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. (Req	questor's Name)	
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COVER LETTER

Division of Cor	porations		•			
	ORT PARKING, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	FREDERICK MOHRE					
		Name of Person				
	PEARSON DOYLE MOHRE & PASTIS					
		Firm/Company				
	485 NORTH KELLER RO	DAD, SUITE 401				
		Address				
	MAITLAND, FL 32751					
		City/State and Zip Code	 _			
	FMOHRE@PDMPLAW.C					
	E-mail address. (to be used for future annual report notific	ration)			
For further information c	oncerning this matter, please co	all:				
FREDERICK MOHRE		at () <u>647-0090</u> Area Code Daytime				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for th	ne following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PTF AIRPORT PARKING, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L		on 01/25/2012	and assigned			
Florida document number 1.12000012135	<u> </u>					
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liability compa	iny here:				
The new name must be distinguishable and contain the v	vords "Limited Liability Company	" the designation "LLC" or t	ne abbreviation "L.L.C."			
Enter new principal offices address, if applic	rable:					
(Principal office address MUST BE A STREE	T ADDRESS)					
	-					
			2019 JUN			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		रामोर् क्या हास्यक			
						
B. If amending the registered agent and registered agent and/or the new registered o		ess on our records, <u>en</u>	ter the name of the nev			
Name of New Registered Agent:	FREDERICK MOHRE					
New Registered Office Address:	485 NORTH KELLER ROAD, SUITE 401					
	En	ter Florida street address				
	MAITLAND	, Florid:	32751			
	City		Zip Code			
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registere provisions of all statutes relative to the propaction as regional the obligations of my position as regional filed to merely reflect a change in the company has been notified in writing of this	er and complete performal stered agent as provided fo registered office address. I	ice of my duties, and La or in Chapter 605, F.S.	un familiar with and Or, if this document is			
	If Changing Registe	red Agent, Signature of Nev	A Registered Apont			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SALAH JOSHUA ABDULRAHIM	1900 JETPORT DRIVE, ORLANDO, FL 32809	B Add
			□ Remove
-			Change
			□ Remove
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(If an effec <u>Note:</u> T	ctive date is listed, I the date inserte	r than the date the date must be sed in this block of the on the Depart	pecific ar does not	nd cannot be meet the a	pplicable			190 days affe			
		a delayed eff er the record			ıt not ar	effectiv	ve time,	at 12:01	a.m. on t	he ear	lier o
Dated _	June	10		· 20	4) 					
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Page 3 of 3

Filing Fee: \$25.00